State of South Carolina Premium Service License No
--

PREMIUM SERVICE COMPANY

AC	വ	INT	NI	MRER	•

NOTICE OF PREMIUM FINANCING STATEMENT							
P.O.Box					MANUFACTURE TO THE PARTY OF THE		
STREET ADDRESS							
CITY, STATE, ZIP COD	E						
Addendum Revision							
	INSURED-APPLICANT			AGENCY-PRODUCER			
Name - Address			Name - Address				
				T			
COMPANY N	IAME*	POLICY/CONTRACT NO.	INCEPTION DATE	EXPIRATION DATE	PREMIUM		
PERSONAL	AGENCY FEE OF:\$ *Insurers and I			s of the above listed contracts please note your			
COMMERCIAL (NOT INCLUDED IN THE DOWN PAYMENT)		files that refunds, if any, must be forwarded to PREMIUM SERVICE COMPANY NAM.					
SR-22			above address.				
		FEDERAL TRUTH IN LE	NDING DISCLOSURES				
CREDITOR: NAME, C	CITY, STATE, ZIP CODE	SECURITY: You are giving a	security interest in the unearne	d premium			
refunds due and other u	mearned amounts under the	contract(s) being purchased. L	ATE CHARGE: If the loan is p	primarily for personal family and	household purposes		
and the payment is 1 da	y late you will be charged S	If the loan is for other th	nan personal family and househ	old purposes and the payment is	5 days late		
you will be charged 5 c	ents per dollar for each full	dollar of delinquency or \$1.00	ah you may have to pay a prena	MENT, NON-PAYMENT AND ayment penalty. See below and or	on the		
next page of this docum	nent for any additional infor	mation about non-payment, de	fault and prepayment refunds a	nd penalties.			
(A) TOTAL PREMIUM	S: (B) DOWN PAYMENT:	(C) AMOUNT FINANCED	(D) FINANCE CHARGE	(E) TOTAL OF PAYMENTS	(F) ANNUAL		
		The amount of credit provided to you or on your behalf. (A-B)	The dollar amount the credit will cost you.	The amount you will have paid after you have made all	PERCENTAGE RATE The cost of your credit as a		
		to you of on your ochan. (A-B)	lost you.	scheduled payments.	yearly rate.		
		NH IMADED OF	AMOUNT OF	DAVMENTS ARE DUE ON THE S	AME DAY OF FACH MONTE		
YOUR PAYMENT SCHEDULE WILL BE:		NUMBER OF PAYMENTS	EACH PAYMENT	PAYMENTS ARE DUE ON THE SAME DAY OF EACH MONT BEGINNING:			
TOOKTATMENT SC	TILDOLL TILL DL.	1711/105110					
		1	1	I			

CONTRACT REVISION MEANS: revisions mean changes to the terms and conditions of the premium service agreement such as changes in interest rates, payment amount, service charge, down payment, the balance payable, number and amount of installments, etc. It does not include nonmaterial items such as changes in the name and address of the policyholder. The premium service company is required to file with the Department the amount charged. This amount cannot exceed \$20. Additionally, a service fee greater than \$15 cannot be charged or collected until the premium service agreement has been submitted and approved by the Department.

CONTRACT ADDENDUM must include: the total amount of the premium to be charged, the amount of the down payment, the principal balance, the amount of the service charge, the balance payable by the insured and the number of installments required, the amount of each installments and the due date for each.

AMOUNT PAID ON YOUR BEHALF FOR CONTRACT(S) LISTED ABOVE IS.....

ITEMIZATION OF AMOUNT FINANCED